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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

no / JHN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

no / JHN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 30 16	<b>INDEPENDENT CLAIMS</b> 7 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>JHN</u> Initials: <u>JHN</u>				

## ADDRESS

45219

## TITLE

Key code filter apparatus and method

<b>FILING FEE RECEIVED</b> 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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